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ABSTRACT

This paper describes family interaction patterns during a 6-day wilderness backpacking course. Participants were a group of 9 adolescents boys in treatment at the Julia Dyckman Andrus Memorial (New York), a private, residential treatment center which serves 65 emotionally disturbed boys and girls ranging from 4 to 18 years of age. Participants were placed into various leadership roles to identify family patterns that were dysfunctional and often the reason for their ineffective or inappropriate behavior. Three participants were selected to act as crew leaders. All of the crew leaders had experienced physical abuse and one boy also came from a substance-abusing family. A multigenerational pattern or "family legacy" explains how methods of discipline, means of expressing emotion, and patterns of communication recur in families across generations. These factors combined with the genetic predisposition for emotional instability or addiction place many children at risk for repeating destructive and dysfunctional family patterns. With the help of the treatment staff, participants were able to understand the similarities between crew leadership and parenting and to recognize their potential strengths and weaknesses within these roles. Individual leadership styles and crew management skills were discussed for the three crew leaders. By understanding the dynamics of family interaction patterns, staff can provide more effective treatment and intervention. (LP)

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Like Father Like Son: The Assessment and Interruption of Maladaptive, Multigenerational Family Patterns Within a Therapeutic Wilderness Adventure

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INTRODUCTION

This paper outlines the assessment of significant generational patterns during a six-day wilderness backpacking course. The participants consisted of a group of adolescent boys in residential treatment at the Julia Dyckman Andrus Memorial. The trip also revealed how the wilderness leadership experience impacted three of the residents.

During this experience, clients were placed into various leadership roles to identify multigenerational family themes that were dysfunctional and often the reason for their ineffective/ inappropriate behavior. The opportunity to lead a peer group in unfamiliar surroundings was a unique experience for these boys. Faced with this challenge, they employed leadership styles that were most familiar to them. In doing so, these clients assumed many of the characteristics of the parent with whom they had the greatest conflict. Based on this presented behavior during the trip, the staff were able to make initial assessments and interventions in attempts to interrupt these dysfunctional patterns.

This paper provides a description of the organizational structure and process of this type of wilderness experience and how this design facilitated the exposure of maladaptive family themes. After an initial introduction, the first section outlines the "family legacy" concept and its relationship to bio-psycho-social characteristics which repeat through several generations, giving particular emphasis to specific dysfunctional patterns of relating within family systems. Potential treatment interventions and further implications for ongoing treatment are then reviewed for appropriate implementation by other therapeutic adventure programs.

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Background

The Julia Dyckman Andrus Memorial is a private, residential treatment center within an expansive and wooded suburban setting. The agency serves sixty-five emotionally disturbed boys and girls, ranging from four to eighteen years of age. It is a comprehensive treatment program designed to meet the educational, clinical, and recreational needs of the residents.

The agency accepts children with a variety of presenting problems. The majority tend to exhibit passive and dependent qualities reflecting ego deficits such as low self-esteem, weak impulse control, poor judgement, and low motivation. These difficulties, often coupled with overwhelmed family systems, necessitate residential placement. Once accepted, the resident's length of stay is approximately eighteen months. Long-term goals include resolution of the presenting problem and reintegration of the child into the family and community.

One component of the adolescent boys' treatment program is a wilderness backpacking trip. The children receive instruction in outdoor skills prior to their departure. Part of their training for this six-day experience is an overnight back-packing trip.

In 1989, nine residents participated in the wilderness experience. The six-day backpacking expedition covered approximately twenty-five miles in New York's Adirondack Region. During the three travel- and two rest-days, the group climbed mountain peaks and endured inclement weather. The children used tarps for shelter and stoves for cooking while practicing guidelines that reflected minimal environmental impact.

The Crew System

Before leaving for the wilderness trip, the staff organized the boys into three independently functioning groups. The reason for breaking the larger group down into smaller, more manageable units was to enhance communication and interaction between clients. This

appeared both practical and desirable for: (1) gathering and distributing of information with nine group members and (2) allowing the three crew leaders to be placed in leadership positions (Cataldo, 1982).

The crew format provided other individual and group benefits. The residents enjoyed a greater sense of independence throughout the trip as staff members shared their information and power with the resident crew leaders. Furthermore, the crew system gave a greater number of residents the opportunity to function in a leadership role. Finally, each crew relied on the cooperation of its members, enhancing the opportunity for self- and group responsibility, peer bonding, and participation.

In these types of experiences, it is important to allow residents to assume formal leadership roles as often as possible. Given this priority, a crew size of three has been found to be the most optimal. When a crew has only two members, individual contributions are easily blended into a crew consensus. The addition of a third member disrupts this equilibrium and forces greater reciprocity among the crew members (Walsh and Golins, 1972) and groups of a larger size do not modify the nature of these interactions proportionally (Simmel, 1973). Therefore, the use of three-member crews provides the greatest opportunity for leadership without significantly compromising the crew interaction.

In selecting the crew leaders, the staff identified several criteria. These included: (1) the resident's personal and family history in an attempt to decrease harmful conflicts, (2) cottage residents who had prior camping and/or backpacking experience, and (3) the existing influence that cottage residents already possessed within their social system at the Cottage. While tension within a crew should not be completely eliminated, efforts to limit destructive interactions should be made. For instance, a child frequently made a scapegoat should not be placed with a boy who often victimizes others. With decreased direct staff supervision of daily activities, special attention must be paid to crew structure in order to reduce potentially serious repercussions.

The Crew Leaders

As discussed above, three residents acted as crew leaders. The following synopsis describes how each boy's personal and family history impacted his leadership role during the wilderness experience.

NEIL:

Neil, a sixteen-year-old white boy, had been in treatment at Andrus for four years at the time of the trip and had participated as a crew leader on a similar, less structured trip two years earlier. During his stay at Andrus, he had one brief, psychiatric hospitalization in response to an acute psychotic episode. Prior to placement, Neil lived with his mother who both neglected and physically abused him. She is also chemically dependent.

Both of Neil's parents were raised in state institutions for developmentally disabled children. Neil's mother abandoned Neil and his brother, leaving them with the boy's natural father. As Neil's father was unable to provide an adequate level of supervision, he filed a court petition to have Neil placed in care.

Treatment issues at the time of the trip included extreme levels of dependent and passive behavior, low frustration tolerance, lack of impulse control, and low motivation.

BOB:

Bob, a fourteen-year-old male, had been in treatment at Andrus for approximately nine months at the time of the trip and was the only African-American in the group. Bob's natural mother died of a drug overdose while he was very young and at the age of six, he was adopted by an older, middle-class, African-American couple who reside in an affluent New York City suburb. Bob's adoptive father is a recovering alcoholic and both parents appear to be emotionally withholding and extremely rigid. Bob was referred

for residential treatment for a variety of school-related, behavioral problems.

Treatment issues at the time of the trip included open defiance of authority, gender and racial identity issues ,extreme mood swings, and a general state of depression.

RICHARD:

Richard, a seventeen-year-old male, had been in treatment at Andrus for three years at the time of the trip and had been a crew leader on a previous wilderness experience. His family came to the United States from Southeast Asia when he was seven years old and had difficulty assimilating to the new culture.

Richard's family had spent several years in refugee camps before coming to the States. After reports of physical abuse by his father, Richard was referred for placement in Andrus. Differences in cultural values seem to have contributed significantly to the stressors placed upon Richard's father and further fueled the physical abuse.

Treatment issues at the time of the trip included substance abuse, explosive anger, continued parent-child conflict, and extreme avoidance of and resistance to exploring these issues.

These family histories indicate significant themes which had a great impact on leadership styles. While Richard's history includes physical abuse and Bob came from a substance-abusing family, Neil's family exhibits both of these destructive tendencies.

Family Legacy

For decades, researchers have recognized a multigenerational pattern or "family legacy" existing within several fields of study. Medical scientists, for instance, point to a genetic link in the transmission of many biological diseases from parents to children.

There is little doubt, for example, that illnesses such as diabetes, heart disease, and Huntington's disease have a strong genetic component and are passed from parents to offspring through a genetic code. Likewise, in psychiatry, observations indicate that conditions such as schizophrenia, bi-polar disorder, and depression continually occur in certain families (Rosenthal, 1970). There is a strong indication that these conditions are also genetically linked and, like other illnesses, can be exacerbated by unfavorable environmental conditions.

In addiction studies, the term "family legacy" has been used to describe the tendency for drug and alcohol use to recur within the family throughout several generations. It has long been understood that chemical dependency runs in families, but only recently has research indicated a possible genetic predisposition for the disease of addiction (Heath, 1986; Woodside, 1986). Once again, this condition will be more likely to manifest itself if environmental conditions permit.

Research indicates that social problems such as physical and sexual abuse also seem to recur in families throughout several generations (Holmes et al., 1976). This family legacy appears to be a result of a learned response on the part of children of abusive parents who repeat this abuse with their own offspring. We learn to parent from our parents and, as a result, dysfunctional parenting styles tend to prevail generation after generation.

While the above evidence does not indicate a genetic code for parenting per se, it does suggest that methods of discipline, means of expressing emotion, and patterns of communication do recur within multigenerational family systems. These patterns, coupled with genetic loading for emotional instability or addiction, place many of these children at risk for repeating destructive and dysfunctional family patterns. Unfortunately, these maladaptive tendencies are rarely uncovered until individuals reach adulthood and begin to raise their own children, thereby reintroducing the continuing cycle of dysfunction.

Within such families, members often become locked into set patterns of interaction where potentially dysfunctional patterns are

used as survival skills and employed when facing stressful and painful events. These coping mechanisms help to balance the dysfunctional system and maintain the family homeostasis (Black, 1986). It is only when a family member steps out of their system and into another that it becomes clear the significant toll these maladaptive interactions have had on the individual's capacity to interact with others in an adaptive and productive manner.

As crew leaders, residents gained insight into the impact of their family's legacy on their leadership skills. Given the parallel between crew leadership and parenting, this experience served as a foreshadowing of future parenting roles because many of the tasks that are performed by crew leaders in relation to their crews resemble the task parents face in relation to their children.

As a parent oversees family functioning, the crew leader must ensure the smooth and efficient functioning of his crew, including delegation and completion of tasks. While performing their functions, crew leaders were to keep the best interest of their crews in mind, necessitating clear assessment of each crew member's capabilities. Managing interpersonal problems and their effects became an additional important leadership function because the crew leader had to ensure that the basic needs of crew members were met (i.e., food shelter, safety, etc.) as well as manage feelings within the crew which might threaten group cohesiveness.

Clearly, many of the issues the crew leaders faced were quite similar, if not identical, to those that must be managed by parents. Having been thrust into this role, leaders were able to identify how much their reactions resembled those of their parents and, indeed, how similar they are to their parents.

This experience allowed residents to witness how their family's maladaptive patterns have had an impact on their personalities as well as on their leadership styles. With the help of the treatment staff, they were able to gain insight into the similarities between crew leadership and parenting in addition to recognizing their potential strengths and weaknesses within this role. Having confronted how they transferred these maladaptive family patterns into other relationships, these residents now have the opportunity to

process these issues, make appropriate changes, and break their family's generational legacy before they are in a position to repeat this destructive behavior.

Leadership Styles and Skills

Each of these crew leaders' family histories clearly influenced their behavior. The three crew leaders on the wilderness trip manifested the maladaptive parenting styles common to chemically dependent and physically abusive family systems. Despite similarities, individual leadership styles and crew management skills varied between the leaders.

In leading his crew, Neil was passive and dependent, becoming quickly overwhelmed by the demands placed upon him by both his crew and the staff. As he became neglected, Neil would neglect the needs of the crew and become angry and frustrated with his inability to provide effective leadership. He would express his anger and frustration by distancing himself from his crew which further impaired the crew's ability to perform. This created a cyclical pattern which continued until Neil would lash out at his crew members in an ineffective attempt to restore order and provide direction. Neil's efforts were coupled with threats of physical harm and violence.

Bob's leadership style differed somewhat from Neil's. He was harsh, overly critical, and impatient with his crew members. Not unlike his own parents, Bob was rigid and intolerant of his crew's mistakes, becoming completely self-absorbed and disregarding the welfare of his crew. He would often leave his crew and fail to communicate information passed on to him by the staff. Upon his return, Bob would become physically and verbally abusive to his crew members and use threats and ridicule to persuade them to attend to the necessary tasks. By the trip's end, Bob had all but abandoned his crew.

Richard's leadership style contrasted greatly with that of the other two leaders. He was heavily invested in maintaining the crew's

cohesion and did so by fulfilling a caretaker role for his crew. In doing so, Richard put the physical needs of the group before his own. Crew members were fed first, tasks were delegated, and crew-related needs were tended to before individual needs. Much like his father, Richard viewed the value of the crew's cohesion as a priority over the crew's overall welfare. Richard was a harsh, punitive, and critical leader in his efforts and used his authority in a ruthless manner.

The connection between these boys' leadership styles and how they were parented is undeniable. Neil's pattern of neglect and abuse replicated the pattern he learned from his mother. Bob borrowed his hyper-critical and rigid manner from his adoptive parents, and when extremely stressed, he abandoned his crew as he had been abandoned by his biological mother. Richard placed a strong value on the crew's cohesion which was consistent with the culturally-based family values of his father. Both father and son were willing to maintain group cohesion to preserve what they valued, even at the risk of physical harm.

A powerful result of this process involved the residents' own identification of these multigenerational family patterns and their replication of dysfunctional coping mechanisms. Although each boy experienced this realization in varying degrees, the expectation of becoming like their parents created sufficient discomfort to promote motivation for change.

Implications for Treatment

The assessments and observations made during this wilderness experience suggest implications for individual treatment, programming within the agency milieu, and future wilderness trip designs.

The primary implication for individual treatment is the use of a wilderness trip as a method for helping the child not only to identify and alter dysfunctional patterns of relating, but also to recognize the source of such maladaptive tendencies. Although the crew leaders

made initial attempts to alter their own styles of leadership on this trip, these efforts proved to be ineffective due to the brevity of the outing (six days). A trip of this duration does not allow adequate time for the crew leaders to benefit from the positive changes in leadership styles and the more effective patterns of relating to crew members. Longer trips of ten to fourteen days would provide more time for dysfunctional patterns to emerge as well as the time for crew leaders to recognize the benefits of altering these unproductive methods of leadership. In addition, shorter but more frequent trips (two to three days, once or twice a month) might help to provide the leaders with a recurrent forum in which to confront their maladaptive patterns of relating and to practice more effective interpersonal skills.

The emotionally and physically demanding nature of the shared wilderness experience also helped to open a dialogue between the staff and the crew leaders. Within this context, the leaders were able to recognize their family's ineffective and maladaptive methods of relating. This insight provided the residents with the opportunity to identify with their parents and, as leaders, empathize with the difficulty their parents experienced in managing their own troubled family systems. Clearly, the opportunity to lead a group of peers and the framing of this experience by the staff enhanced this awareness.

Even without further wilderness trips, this six-day experience provides a rich assessment and focus for more traditional treatment in the agency. Treatment within the agency milieu is greatly enhanced by the residents' and staff's understanding of the family legacy. This knowledge, applied to more traditional group settings, can promote increased processing of dysfunctional behaviors that are impulsive or irrational. In addition, the communication of such information can enrich ongoing family interventions provided by the clinical treatment team. Finally, consistent positive reinforcement of new and more productive methods of relating as well as continual confrontation of old, ineffective coping mechanisms may increase the likelihood of breaking the family cycle of dysfunction.

Unfortunately, these destructive patterns of relating often remain hidden within the daily routine and structure of the agency.

Wilderness trips provide the residents with the opportunity to display these tendencies in a setting that lacks the limits and restrictions often felt within the boundaries of the institution. The physical and emotional intensity of the outdoor experience, coupled with the means of the wilderness to ensure uncompromising natural consequences to crew dysfunction, produces the necessary level of discomfort in order to promote change. Such trips force residents and staff to step outside the limits established by the institution and confront new challenges and responsibilities. The stressful demands placed upon participants can not only expose individual or group pathology, but can also introduce a powerful new vehicle for change.

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